

experience of any one man can never determine any problem. However, my present view, the result of my personal experience, is exactly opposite to that held by me thirty-five to twenty years ago. I predict that in the future this form of crime will cease.

Surgical operations seem well borne by pulmonary invalids. I have never observed a deleterious effect upon the lungs following surgery upon other organs. We are warned to avoid the administration of anaesthetics in these cases. In my work both ether and the A. C. E. mixture have been used without obvious injury. I regard pulmonary tuberculosis a partial contra-indication to general anaesthesia but do so in deference to authority. My own experience teaches otherwise. Hemorrhage and shock seem as well borne as by other patients of lowered vitality. Indeed, well indicated surgery appears of decided benefit in these as in other patients. Women especially, are benefited. I have done many curettements, trachelorrhaphies, perineorrhaphies and a few major abdominal operations incident to female pelvic diseases with apparent benefit to the pulmonary condition. To me, it seems that in the presence of surgical diseases or conditions the pulmonary patient is less amenable to treatment, fails more rapidly, has less chance for recovery; and that pulmonary consumption, instead of being a contra-indication to surgical interference, is a positive indication for it when needed. Necessarily, one should use judgment. Moribund cases, even when tubercular, are not attractive to the surgeon. Advanced tuberculosis is a bar to operation in most instances, but the ordinary consumptive should never be refused surgical aid because of tuberculosis.

The simple surgery of the nose and throat is particularly essential. Using care not to operate upon hopeless cases, at least not with the intent of benefiting the chest, I make it a point to establish free nasal respiration by removal of turbinates, spurs, polypi, adenoids, tonsils or whatever may produce obstruction. When such work is needed, the chances of recovery from pulmonary tuberculosis will be greatly enhanced if it is done.

Too little attention is paid to the nose by our lung specialists. Nose and throat men are constantly clearing away obstructions, but when the patient has been pronounced tubercular they are apt to let him alone, not appearing to realize that additional indication for this work has arisen. I have seen a nose full of polypi which had passed through the hands of several prominent lung men. Two or three of them did not examine the nose and the one who did thought an operation inadvisable owing to the condition of the lung. Now the lungs were in fair shape but all the air they received came through the mouth and was of too low temperature and unfiltered. Really, the operation was doubly indicated because of the lung disease. If ever a specialist in diseases of the whole body is needed it is for the tubercular. The patient can easily spare a little of the wonderful acuteness in determining percussion resistance, providing his physician is big enough to consider other organs as well as the lungs.

Of all surgical diseases appendicitis is, perhaps, most menacing. At one time I endeavored to avoid operation, believing that co-existing pulmonary tuberculosis rendered the surgical prognosis graver and that an operation would aggravate the pulmonary disease. In many of these patients the appendicitis becomes chronic, the suffering is severe and the inflammation in the lung advances rapidly. Recovery without operation is rarer than in other patients. When, as often happens, an abscess forms and must be opened, healing is slow and fistula common. I have removed the appendix for several consumptives and have had others operate for me, and I regret every delay. Not that any patient has died from the appendicitis or from the operation but because delay has injuriously influenced the lung. I am convinced that pulmonary tuberculosis is an additional indication for early appendectomy, regardless whether the appendicitis is tubercular or otherwise. And, by the way, diagnosis of the etiology is quite impossible prior to operation. These random observations cannot be dignified by the term "paper" but, to me, they represent practical deductions from personal experience.

POLYCLINIC GATHERING.

(March 10, 1909.)

Doctor Ryfkogel: I desire to present three patients who have been operated upon for varicose veins by venous anastomosis. You are familiar with the various types of varicose veins and will remember that in some patients you see localized varices accompanied by considerable edema, but with the valves in the saphenous vein competent. In these the deep veins are at fault and operation is useless. In another type in which the deep veins are probably varicose, you will see more or less extensive dilatations at the junctions of the deep and superficial veins and with no incompetency of the saphenous valves—these cases should only be operated upon for the purpose of relieving imminent rupture or possibly to relieve the patient of an annoying deformity. In another type there are extensive varices of the superficial veins and the valves of the saphenous are incompetent and the pressure of the column of blood extending from the heart to the leg is sufficient to interfere seriously with the nutrition of the skin, producing the well-known varicose ulcer. Delbet has made an interesting experiment to show the difference in pressure in these cases between the proximal and distal end of the vein. He proved that when a patient is lying down the pressure in the proximal end was greater by 5 cm. of mercury than in the distal. When he stood the difference was 10 cm., but in violent exercise rose to 16 cm. This experiment demonstrates the importance of the back pressure as an etiologic factor in certain varicose veins. Trendelenberg's operation removes this back pressure by removing a segment of the vein. The saphenous vein, however, has a definite function, that of forming a by-path for the blood when the deep veins are partially closed by muscular exercise and for that reason Trendelenberg does not entirely restore the normal condition. For this reason Delbet devised the operation I have performed in both sides on one of these patients and on one side of a second. The results of the operations are entirely satisfactory. The operation consists in making a termino-lateral anastomosis of the saphenous vein into the femoral below the first one or two valves. The blood column is then sup-

ported by the valves of the femoral while the flow through the saphenous is not interrupted. In making these operations, I frequently found a large branch of the femoral running in front of the parent vein, and my associate, Dr. Castle, suggested that it would be safer, more efficient and easier to cut the vein and make a termino-terminal anastomosis at the proximal end with the distal end of the cut saphenous. It would be safer because the femoral would not be disturbed, more efficient because the upper valves of this branch would be an additional support and easier because an end to end anastomosis is easier than an end to side. This operation was accordingly done on the third patient I present, and, as you can see, the enlarged bunches of veins before present are no longer visible. This operation should only be done when the Trendelenberg test shows a sudden downrush of the blood when the patient stands and the finger pressure on the valves is removed.

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ERROR IN THE OFFICIAL MINUTES.

In some way an error appears in the Official Minutes of the House of Delegates as printed in the *May Journal*. In giving the list of those elected to the Committee on Public Health, the name of Dr. N. K. Foster, which appears correctly in the Secretary's written minutes, was omitted.

CHANGE OF OWNERSHIP.

Dr. Geo. E. Pettey, of Memphis, Tenn., has closed his Denver and Atlantic City Retreats and has sold his interest in the Oakland Retreat to his former associate, Dr. C. L. Case, who will continue the work at Oakland in his own name. Dr. Pettey's entire work will hereafter be done at his Memphis Retreat.

Dr. J. A. McNaughton, Los Angeles.

The information regarding death of Dr. J. A. McNaughton received and published in December, 1908, was in error. New address, 311-14 Lissner Bldg., Los Angeles.

AMERICAN PHARMACEUTICAL ASSOCIATION.

The American Pharmaceutical Association will hold its annual meeting for this year in Los Angeles, beginning August 16th. The aims and objects of this association are very closely related to and identified with medicine, and undoubtedly a number of the papers and discussions at this meeting will be of considerable interest to physicians. Mr. T. W. Jones, 310 No. Los Angeles street, Los Angeles, is the local Secretary, and will be glad to furnish any information in regard to program, etc.

THE XVIth INTERNATIONAL MEDICAL CONGRESS.

The Direction of the XVIth International Medical Congress at Budapest (from the 29th August till 4th September this year) has just begun the despatch of the Second Circular. This considerable pamphlet, besides its scientific portion, contains a detailed programme of the Congress Excursions, and all the necessary information with regard to traveling and accommodation. It may also be expressly observed here that the question of lodgings has been settled, so that every one taking part in the Congress may without difficulty find suitable accommodation. The Membership subscription is 25 crowns; wives and daughters of Members 12.50. Remittances should be sent to the Treasurer of the Congress: Professor Julius Elischer, VIII., Esterhazy-utca 7, Budapest. It may happen that, although upwards of 20,000 copies of the programme have been despatched, the majority of our Colleagues may not be provided with the same. The Direction of the Congress therefore respectfully requests them to regard this communication as an invitation to take part in the Congress. All who may be interested will, on application to the Direction of the Congress, immediately receive a programme and all their inquiries and wishes will be most promptly attended to. Address: Office of the XVIth International Medical Congress, VIII., Esterhazy-utca 7, Budapest.

CREDIT TO LIPPINCOTT.

Through an unfortunate error in a recent book review, "Pain," by Schmidt, was stated to have been published by Appleton; the book is from the press of J. B. Lippincott Co.

PUBLICATIONS.

Human Physiology. By John W. Ritchie, Prof. of Biology, College of William and Mary, Virginia. Published in the New-World Science Series.

This is an elementary text book of anatomy, physiology and hygiene which attempts to relate the facts taught to the students' environment and show their relation to the fundamental causes of disease. The subject is developed along elemental lines with sufficient breadth to show the true relation of physiology to the daily life both individual and collective. Health is essential to happiness, hence an elemental text should teach with directness the reasons for the rules of health. This text develops the subject from the structure and function of the cell, indicates some points of contact with other lines of nature study, and shows the part played by bacteria, protozoa, alcohol, tobacco, dietetic and other errors in the production of disease. A chapter treats accidents and first aid to the injured. The reasons for public sanitary measures and preventive medicine are made clear in certain important instances. Each chapter closes with a summary and review questions.

F. W.